



STATE OF NEW JERSEY  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH

## CRANE OPERATOR LICENSE RENEWAL

In accordance with N.J.S.A. 2A:17-56.44e each applicant must provide his or her social security number in his or her license application to assist the Department of Labor and Workforce Development in the enforcement of the provisions of N.J.S.A. 45:26-1, et seq.

Each social security number will be used as an identifier in Department of Labor and Workforce Development's computerized recordkeeping system to aid in the processing of license applications.

(TYPE OR PRINT LEGIBLY IN INK, ANSWER ALL ITEMS AND PROVIDE DOCUMENTATION WHERE INDICATED ON FORM)

SOCIAL SECURITY NO. :  -  -

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

HOME TELEPHONE NO.:  -  -

DATE OF BIRTH    AGE:  SEX:  HEIGHT:   
Month Day Year FEET INCHES

**WEIGHT**  
(CHECK ONE PLEASE)

- \_\_\_\_ (0) UNDER 120 POUNDS  
\_\_\_\_ (1) 121 TO 140 POUNDS  
\_\_\_\_ (2) 141 TO 160 POUNDS  
\_\_\_\_ (3) 161 TO 180 POUNDS  
\_\_\_\_ (4) 181 TO 200 POUNDS  
\_\_\_\_ (5) 201 TO 220 POUNDS  
\_\_\_\_ (6) OVER 220 POUNDS

**EYE COLOR**  
(CHECK ONE PLEASE)

- \_\_\_\_ (1) BLACK  
\_\_\_\_ (2) BROWN  
\_\_\_\_ (3) GREY  
\_\_\_\_ (4) BLUE  
\_\_\_\_ (5) HAZEL (LIGHT BROWN TO YELLOW)  
\_\_\_\_ (6) GREEN  
\_\_\_\_ (7) OTHER (NOT OTHERWISE INDICATED)

For five years prior to the date of application, you must disclose to the Department of Labor and Workforce Development and attach to the application form the following information: <sup>(1)</sup> Any previous and pending state or federal civil litigation, with current status; <sup>(2)</sup> Any previous and pending state or federal criminal litigation, with current status; and <sup>(3)</sup> Any previous and pending state or federal administrative actions with current status, pertaining to any state, Federal, local laws or regulations, or both.

Additionally, in accordance with N.J.S.A. 2A:17-56.44d, by signing this application you are hereby certifying under penalty or law, that 1) you do not have a child support obligation; 2) you have such an obligation but the arrearage amount does not equal or exceed the amount of the child support payable for six months and any court-ordered health coverage has been provided for the past six months; 3) you have not failed to respond to a subpoena relating to a paternity or child-support proceeding; or 4) you are not the subject of a child support related warrant. A license shall not be granted to an applicant if there is an arrearage equal to or exceeding the amount of child support payable for six months, the applicant has not provided court-ordered health care coverage during the past six months or the applicant has failed to respond to a subpoena relating to a paternity or child support proceeding or is the subject of a child support related warrant. Any applicant making a false statement in this document may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

Please indicate your present **EMPLOYER** information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ What is your position with this employer?: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

In order to renew your crane operator license you must provide two (2) recent, recognizable and identical, color passport size photographs taken against a white background. **(DO NOT WEAR A WHITE T-SHIRT OR SHIRT ON A WHITE BACKGROUND)**. The photograph must show your entire face and be not less than three-quarters of an inch in width. You must not be wearing a hat, dark glasses, or any other item which may alter or disguise your facial features in the photographs. Do not cut your pictures to size. **APPLICATIONS RECEIVED WITH PHOTOGRAPHS TOO SMALL FOR THE BADGING SYSTEM WILL BE RETURNED.**

Photocopies or reproductions of any kind are not acceptable. Please write your name on the back of your photographs. **DO NOT PRESS HARD ON THE BACK OF THE PHOTOGRAPHS.**

Additionally, a notarized copy of your valid medical card and a copy of your NCCCO CERTIFICATION card or its equivalent must accompany this application when returned.

The license, if granted, shall be issued for up to a five (5) year period. A fee of \$250.00 (Five Years) and/or \$50.00 (Annually) for a **CRANE OPERATORS LICENSE** must be enclosed with this application for a license.

A **Certified Check** or **Money Order** should be made payable to the **Commissioner of Labor and Workforce Development** and should be attached to the application. **(CASH WILL NOT BE ACCEPTED)**

Forward the application and fee to:

STATE OF NEW JERSEY  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH  
P.O. BOX 386  
TRENTON, NEW JERSEY 08625-0386

### APPLICANT STATEMENT

The information contained in this application is accurate and complete to the best of my knowledge.

I understand that if such information contained in this application is false, I am subject to the penalty provisions of the **“LICENSING OF CRANE OPERATORS ACT,” N.J.S.A. 45:26-1, et seq.**

I understand that this application is subject to verification and I agree to provide any additional documentation as required.

I agree that outside sources may be contacted to verify the information I have given in this application and I do hereby give my permission for disclosure of any information which may be needed to determine the validity of this license application and/or my license eligibility.

I submit this application for license in accordance with my experience stated above.

I affirm that the statements given are true under penalty of law.

\_\_\_\_\_  
Applicant's Signature/Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires on \_\_\_\_\_

